

General

Title

Flu vaccinations for adults ages 18 to 64: percentage of members 18 to 64 years of age who received an influenza vaccination between July 1 of the measurement year and the date when the CAHPS 5.0H Adult Survey was completed.

Source(s)

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications for health plans. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 3, specifications for survey measures. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Process

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure uses survey data to assess the percentage of members 18 to 64 years of age who received an influenza vaccination between July 1 of the measurement year and the date when the CAHPS 5.0H Adult Survey was completed.

This measure is collected as part of the CAHPS Health Plan Survey 5.0H, Adult Version (commercial,

Medicaid).

Rationale

The disease burden of influenza is large, and the potential for prevention is high. Influenza infections result in significant health care expenditures each year, and the vaccine is safe and effective. Specifications are consistent with current recommendations from the Advisory Committee on Immunization Practices (ACIP). This group has an increased prevalence of people with high-risk medical conditions, and age-specific strategies have been more successful to increase vaccine coverage than those based on medical conditions.

Healthy adults in this age group without high-risk conditions will benefit by reduced number of illnesses, physician visits, missed workdays and antibiotic use, and will have reduced disease transmission from contacts who are at high-risk for influenza-related complications.

Evidence for Rationale

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

Primary Health Components

Influenza; vaccination

Denominator Description

The number of eligible members with a *Flu Vaccinations for Adults Ages 18 to 64 Eligibility Flag* of "Eligible" who responded "Yes" or "No" to the question "Have you had either a flu shot or flu spray in the nose since July 1, YYYY?" (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

The number of members in the denominator who responded "Yes" to the question "Have you had either a flu shot or flu spray in the nose since July 1, YYYY?" (see the related "Numerator Inclusions/Exclusions" field)

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Additional Information Supporting Need for the Measure

- Influenza (flu) is a common and contagious respiratory illness caused by a set of viruses that can result in serious complications or death (Centers for Disease Control and Prevention [CDC], 2013). The flu vaccine is recommended for all adults; vaccinations can reduce flu-related hospitalizations by 71 percent (Flu.gov, n.d.; Talbot et al., 2013).
- In 2010 there were 25 million cases of influenza in the United States (8.1 percent of the total population). The annual economic costs are \$29.12 billion (Mao et al., 2012).
- Although complications from the flu are more likely to take place in the elderly population, adults of all ages are at risk. In 2013, more than 60 percent of hospitalizations occurred in adults between the ages of 18 to 64 years (Talbot et al., 2013).
- The best protection against flu is to get the annual flu vaccine. Vaccination can prevent many hospitalizations, save thousands of lives and contribute to significant cost savings.

Evidence for Additional Information Supporting Need for the Measure

Centers for Disease Control and Prevention (CDC). Seasonal influenza: flu basics. [internet]. Atlanta (GA): Centers for Disease Control and Prevention (CDC); 2013.

Flu.gov. Vaccination and vaccine safety. [internet]. Washington (DC): U.S. Department of Health & Human Services; [accessed 2014 Jun 19].

Mao L, Yang Y, Qiu Y, Yang Y. Annual economic impacts of seasonal influenza on US counties: spatial heterogeneity and patterns. *Int J Health Geogr*. 2012;11:16. [PubMed](#)

National Committee for Quality Assurance (NCQA). The state of health care quality 2015. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. 205 p.

Talbot HK, Zhu Y, Chen Q, Williams JV, Thompson MG, Griffin MR. Effectiveness of influenza vaccine for preventing laboratory-confirmed influenza hospitalizations in adults, 2011-2012 influenza season. *Clin Infect Dis*. 2013 Jun;56(12):1774-7. [PubMed](#)

Extent of Measure Testing

All HEDIS measures undergo systematic assessment of face validity with review by measurement advisory panels, expert panels, a formal public comment process and approval by the National Committee for Quality Assurance's (NCQA's) Committee on Performance Measurement and Board of Directors. Where applicable, measures also are assessed for construct validity using the Pearson correlation test. All measures undergo formal reliability testing of the performance measure score using beta-binomial statistical analysis.

Evidence for Extent of Measure Testing

Rehm B. (Assistant Vice President, Performance Measurement, National Committee for Quality Assurance, Washington, DC). Personal communication. 2015 Mar 16. 1 p.

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Managed Care Plans

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Single Health Care Delivery or Public Health Organizations

Statement of Acceptable Minimum Sample Size

Specified

Target Population Age

Age 18 to 64 years

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Health and Well-being of Communities

Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Staying Healthy

IOM Domain

Effectiveness

Data Collection for the Measure

Case Finding Period

The measurement year

Denominator Sampling Frame

Enrollees or beneficiaries

Denominator (Index) Event or Characteristic

Patient/Individual (Consumer) Characteristic

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

The number of eligible members with a *Flu Vaccinations for Adults Ages 18 to 64 Eligibility Flag* of "Eligible" who responded "Yes" or "No" to the question "Have you had either a flu shot or flu spray in the nose since July 1, YYYY?"*

Note:

Eligible Population: Members age 18 to 64 years as of July 1 of the measurement year who were continuously enrolled during the measurement year (commercial) or the last six months of the measurement year (Medicaid), and currently enrolled at the time the survey is completed.

Allowable Gap: No more than one gap in enrollment of up to 45 days during the measurement year. To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, the member may not have more than a 1-month gap in coverage.

Refer to the original measure document for additional information regarding eligibility.

*YYYY = the measurement year (2015 for the survey fielded in 2016)

Exclusions

Unspecified

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

The number of members in the denominator who responded "Yes" to the question "Have you had either a flu shot or flu spray in the nose since July 1, YYYY?"*

*YYYY = the measurement year (2015 for the survey fielded in 2016)

Exclusions

Unspecified

Numerator Search Strategy

Fixed time period or point in time

Data Source

Administrative clinical data

Patient/Individual survey

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

CAHPS Health Plan Survey 5.0H, Adult Version

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Description of Allowance for Patient or Population Factors

This measure requires that separate rates be reported for commercial and Medicaid product lines.

Standard of Comparison

not defined yet

Identifying Information

Original Title

Flu vaccinations for adults ages 18-64 (FVA).

Measure Collection Name

HEDIS 2016: Health Plan Collection

Measure Set Name

Effectiveness of Care

Measure Subset Name

Measures Collected Through CAHPS Health Plan Survey

Submitter

National Committee for Quality Assurance - Health Care Accreditation Organization

Developer

National Committee for Quality Assurance - Health Care Accreditation Organization

Funding Source(s)

Unspecified

Composition of the Group that Developed the Measure

National Committee for Quality Assurance's (NCQA's) Measurement Advisory Panels (MAPs) are composed of clinical and research experts with an understanding of quality performance measurement in the particular clinical content areas.

Financial Disclosures/Other Potential Conflicts of Interest

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Endorser

National Quality Forum - None

NQF Number

not defined yet

Date of Endorsement

2014 Dec 23

Adaptation

For commercial and Medicaid members, this measure is collected using the HEDIS (Healthcare Effectiveness Data and Information Set) version of the CAHPS survey (CAHPS Health Plan Survey 5.0H, Adult Version).

CAHPS 5.0 is sponsored by the Agency for Healthcare Research and Quality (AHRQ).

Date of Most Current Version in NQMC

2015 Oct

Measure Maintenance

Unspecified

Date of Next Anticipated Revision

Unspecified

Measure Status

This is the current release of the measure.

This measure updates previous versions:

National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications for health plans. Washington (DC): National

Committee for Quality Assurance (NCQA); 2014. various p.
National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set. Vol. 3, specifications for survey measures. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

Measure Availability

Source available for purchase from the [National Committee for Quality Measurement \(NCQA\) Web site](#) .

For more information, contact NCQA at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Phone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org .

Companion Documents

The following are available:

National Committee for Quality Assurance (NCQA). The state of health care quality 2015. Washington (DC): National Committee for Quality Assurance (NCQA); 2015 Oct. 205 p.
National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 2, technical update. Washington (DC): National Committee for Quality Assurance (NCQA); 2015 Oct 1. 12 p.

For more information, contact the National Committee for Quality Assurance (NCQA) at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Phone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org .

NQMC Status

This NQMC summary was completed by ECRI on August 7, 2003. The information was verified by the measure developer on October 24, 2003.

This NQMC summary was updated by ECRI on June 16, 2006. The updated information was not verified by the measure developer.

This NQMC summary was updated by ECRI Institute on April 21, 2008. The information was verified by the measure developer on May 30, 2008.

This NQMC summary was updated by ECRI Institute on March 20, 2009. The information was verified by the measure developer on May 29, 2009.

This NQMC summary was updated by ECRI Institute on April 30, 2010, May 25, 2011, November 26, 2012, June 11, 2013, April 4, 2014, May 12, 2015, and again on February 19, 2016.

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Production

Source(s)

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications for health plans. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 3, specifications for survey measures. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

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